

For Department Use Only

Date Received: _____
Date Postmarked/Faxed: _____
Effective Date: _____

UNEMPLOYMENT INSURANCE APPLICATION

PRE APPLICATION QUESTIONS MUST BE COMPLETED

- | | | |
|---|------------------------------|-----------------------------|
| A. Were you in the military during the last 18 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Did you work for an agency of the federal government during the last 18 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Did you work in a state other than California during the last 18 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Have you applied for unemployment insurance benefits in another state during the last 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Did your employer or union give you a claim form for unemployment insurance benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered NO to all of the above questions (A through E) proceed.

If you answered YES to any of the above questions (A through E) do not complete this form, call 1 (800) 300-5616.

PLEASE ANSWER ALL QUESTIONS ON EACH PAGE

If a question is not answered or is incomplete it may delay or prevent the filing of your claim, or cause benefits to be denied.

- Please complete this form with blue or black ink only.
- Please print or type information.

The answers you give to the questions on the application must be true and correct. You may be subject to penalties if you make a false statement or withhold information.

This application will take you approximately 30 minutes to complete.

<p>1. What is your Social Security Number as given to you by the Social Security Administration?</p> <p>If EDD assigned you an EDD Client Number (ECN), please provide the ECN here and also provide your Social Security Number in item 2 below. (An ECN is a 9-digit number beginning with 999.)</p>	<p>1. ____ - ____ - _____</p>
<p>2. List any other Social Security Numbers you have used.</p>	<p>2. ____ - ____ - _____ ____ - ____ - _____</p>
<p>3. Have you ever filed a California Unemployment Insurance or Disability Insurance claim?</p> <p>a) If yes, please list for each type of claim, the most recent date(s) of when the claim(s) was filed.</p>	<p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Unemployment Claim Date(s) (mm/dd/yyyy) ____/____/____ ____/____/____ ____/____/____</p> <p>Disability Claim Date(s) (mm/dd/yyyy) ____/____/____ ____/____/____ ____/____/____</p>
<p>4. What is your <u>full</u> name?</p>	<p>4. Last _____ First _____ Middle Initial _____</p>

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<p>5. Is this the name that appears on your Social Security card?</p> <p>a) If no, provide the name that appears on your Social Security card.</p>	<p>5. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Last _____</p> <p>First _____</p> <p>Middle Initial _____</p>						
<p>6. List any other names you have used.</p>	<p>6. _____</p> <p>_____</p>						
<p>7. What is your birth date?</p>	<p>7. ____/____/____ (mm/dd/yyyy)</p>						
<p>8. Do you have a Driver's License or ID Card?</p> <p>a) If yes, provide the name of the issuing state/entity and your Driver's License or ID card number.</p>	<p>8. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Name of issuing state: _____</p> <p>Number _____</p>						
<p>9. What is your gender?</p>	<p>9. <input type="checkbox"/> Male <input type="checkbox"/> Female</p>						
<p>10. Would you prefer your written material in English or Spanish?</p> <p>a) What is your preferred spoken language?</p>	<p>10. <input type="checkbox"/> English <input type="checkbox"/> Spanish</p> <p>a) _____</p>						
<p>11. What is your telephone number?</p>	<p>11. (____) ____-____</p>						
<p>12. What is your mailing address? (Include your city, state, and ZIP code).</p>	<p>12. Street: _____</p> <p>City: _____</p> <p>State: ____ ZIP Code: _____</p>						
<p>13. Is your residence address the same as your mailing address?</p> <p>a) If no, enter your residence address. (Include your city, state, ZIP code and apartment number.) A residence address cannot be a P.O. Box. Please provide a street address.</p>	<p>13. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Street: _____ Apt. _____</p> <p>City: _____</p> <p>State: ____ ZIP Code: _____</p>						
<p>14. If you do not live in California, what is the name of the County in which you live?</p>	<p>14. _____</p>						
<p>15. What is the highest grade of school you have completed? Check only one box.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Did not complete High School</td> <td><input type="checkbox"/> High School Diploma or GED</td> <td><input type="checkbox"/> Some college or vocational school</td> </tr> <tr> <td><input type="checkbox"/> Associate of Arts</td> <td><input type="checkbox"/> Bachelor of Arts or Science</td> <td><input type="checkbox"/> Masters or Doctorate</td> </tr> </table>		<input type="checkbox"/> Did not complete High School	<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Some college or vocational school	<input type="checkbox"/> Associate of Arts	<input type="checkbox"/> Bachelor of Arts or Science	<input type="checkbox"/> Masters or Doctorate
<input type="checkbox"/> Did not complete High School	<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Some college or vocational school					
<input type="checkbox"/> Associate of Arts	<input type="checkbox"/> Bachelor of Arts or Science	<input type="checkbox"/> Masters or Doctorate					
<p>16. Are you a Veteran?</p>	<p>16. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						

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17. List the following:

- a) Name(s) of **all employers** you worked for in the last 18 months.
- b) Period of employment.
- c) Wages earned for **each employer** in the last 18 months.
- d) How you were paid (specify hourly, weekly, monthly, annually, commission, or at a piece rate).

a) Employer Name _____	b) Dates Worked From: ____/____/____ To: ____/____/____	c) Earnings \$ _____	d) How Paid _____
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a) Employer Name _____	b) Dates Worked From: ____/____/____ To: ____/____/____	c) Earnings \$ _____	d) How Paid _____
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a) Employer Name _____	b) Dates Worked From: ____/____/____ To: ____/____/____	c) Earnings \$ _____	d) How Paid _____
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18. Which employer listed above did you work for the longest?

- a) What type of business was operated by the employer? (Please be **specific**. For example, restaurant, dry cleaning, construction, book store.)
- b) How long did you work for that employer?
- c) What type of work did you do for that employer?

18. Employer name: _____

- a) Type of business:

- b) Years _____ Months _____
- c) _____

19. During the past 18 months did you work for any other employers not listed in question 17?

If yes, list the employer name, dates worked, earnings, and how you were paid on a separate sheet of paper. Attach the additional sheet of paper to this application.

19. ☐ Yes ☐ No

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Please provide information on your **very last employer**. This is the employer you last worked for regardless of the length of time you worked at that job, the type of work you did for that employer or whether or not you have been paid.

Reminder: To file a claim, individuals must be out of work (for any reason), or working less than full time. You must provide information on the last employer you worked for as an employee. Do not include self-employment unless you have elective coverage.

20. What is the last date you actually worked for your **very last employer**?

a) What are your gross wages for your last week of work? For unemployment insurance purposes, a week begins on Sunday and ends the following Saturday.

b) What is the complete name of your **very last employer**?

c) What is the mailing address of your very last employer?

d) Is the physical address of your very last employer the same as their mailing address? (A physical address cannot be a P.O. Box. Please provide a street address.)

If no, what is the physical address of your very last employer?

e) What is the telephone number of your very last employer at their physical address?

f) What is the name of your immediate supervisor?

g) Why are you no longer working for your **very last employer**? (Lack of work includes temporary layoff, or on call status)

20. ____/____/____ (mm/dd/yyyy)

a) \$ ____ . ____

b) Name _____

c) Mailing address:

Street: _____

City: _____

State: ____ ZIP Code: ____

d) ☐ Yes ☐ No

Physical address:

Street: _____

City: _____

State: ____ ZIP Code: ____

e) (____) ____ - ____

f) _____

g) ☐ Laid off, lack of work ☐ Fired
☐ Quit ☐ Strike or lockout
☐ Still working part time

Briefly explain in your own words the reason you are no longer working for your **very last employer**, within the space provided. Please do not include any attachments.

Reason: _____

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21. Are you unemployed as a direct result of a recent disaster in California, such as an earthquake, flood, mudslide, wildfire, etc.?

If yes:

- a) Identify the type of disaster.
- b) At the time of the disaster, in which county did you reside?
- c) At the time of the disaster, in which county did you work?
- d) At the time of the disaster, was your unemployment caused by your need to travel through the disaster county?

If yes:

Identify the disaster county or counties that prevented travel to your job.

e) Circle the following that best applies to you:

- f) If you selected item 1 or 3 above, how many hours did you work per week prior to the disaster?
- g) If you selected item 3 or 4 above briefly describe how the disaster affected your ability to continue or begin your self-employment.
- h) What is the physical address of your business?

21. ☐ Yes ☐ No

If yes, answer questions a-d.

a) _____

b) _____

c) _____

d) ☐ Yes ☐ No

- e) 1) An employee who is unable to work as a direct result of the disaster.
- 2) An individual who was scheduled to start work for an employer, but could not because of the disaster.
- 3) A self-employed individual who is unable to work as a direct result of the disaster.
- 4) An individual who intended to begin self-employment, but could not because of the disaster.
- 5) An individual who became head of household as a result of the disaster.

f) _____

g) _____

h) Street: _____

City: _____

State: ____ ZIP Code: ____

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22. Do you expect to return to work for any former employer?	22. <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are you currently self-employed, or do you plan to become self-employed? (Self-employment means you have your own business or work as an independent contractor.)	23. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain below): _____ _____
24. Are you now, or have you been in the last 18 months an officer of a corporation or union or the sole or major stockholder of a corporation? a) Include name of organization and your title or position.	24. <input type="checkbox"/> Yes <input type="checkbox"/> No a) _____ _____
25. Are you currently attending, or do you plan on attending school or training? If yes: a) What is the starting date of the school or training? b) What is the ending date of the current session? c) What is the name of the school? d) What is the telephone number of the school? e) What are the days and hours you are attending, or plan to attend, school?	25. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer questions a-e: a) ____/____/____ (mm/dd/yyyy) b) ____/____/____ (mm/dd/yyyy) c) _____ d) (____) ____ - ____ e) Days and hours _____ _____
26. What is your usual occupation?	26. _____
27. Are you available for immediate full-time work in your usual occupation? a) If no, please explain why you are not available for full-time work.	27. <input type="checkbox"/> Yes <input type="checkbox"/> No a) Explanation: _____ _____
28. Are you available for immediate part-time work in your usual occupation? a) If no, please explain why you are not available for part-time work.	28. <input type="checkbox"/> Yes <input type="checkbox"/> No a) Explanation: _____ _____
29. Are you receiving, or will you receive within the next 52 weeks, a pension other than Social Security or Railroad Retirement, which is based on your own work or wages? If yes: a) How are you receiving your pension payments? b) Did you pay into your pension or retirement? c) Did any of the employers you worked for in the last 18 months pay into the pension fund? d) What is the name of the company paying into the pension? e) Who pays the pension check to you?	29. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer questions a-e: a) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Lump sum b) <input type="checkbox"/> Yes <input type="checkbox"/> No c) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure d) _____ e) _____

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<p>30. Are you receiving, or do you expect to receive, Workers' Compensation?</p> <p>If yes:</p> <p>a) Who is the insurance carrier?</p> <p>b) What is the insurance carrier's telephone number?</p> <p>c) What is the case number, if known?</p> <p>d) What are the dates of your claim, if known?</p>	<p>30. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-d:</p> <p>a) _____</p> <p>b) (____) _____-_____</p> <p>c) _____</p> <p>d) From: ____/____/____ (mm/dd/yyyy) To: ____/____/____ (mm/dd/yyyy)</p>		
<p>31. Have you received or do you expect to receive, any payments from your last employer, other than your regular salary? (Example: holiday pay, vacation pay, severance pay, in-lieu-of-notice pay, etc.)</p> <p><input type="checkbox"/> Yes: <input type="checkbox"/> No If yes, please provide the information requested in sections A-D.</p>			
<p>A.</p> <p>TYPE OF PAYMENT (Example: vacation pay)</p>	<p>B.</p> <p>AMOUNT OF PAYMENT (Example: \$600)</p>	<p>C.</p> <p>PAID FROM (Date: MM/DD/YYYY)</p>	<p>D.</p> <p>PAID TO (Date: MM/DD/YYYY)</p>
<p>32. Are you a member of a union?</p> <p>If yes, answer questions a-f:</p> <p>a) What is your union name and local number?</p> <p>b) Are you in good standing with your union?</p> <p>c) Does your union look for work for you?</p> <p>d) Does your union control your hiring?</p> <p>e) Are you registered with your union as out of work?</p> <p>f) Are you going to receive strike benefits?</p>	<p>32. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-f:</p> <p>a) _____</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>33. Do you have a date to start work?</p> <p>If yes:</p> <p>a) What date will you start work?</p>	<p>33. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer question a:</p> <p>a) ____/____/____ (mm/dd/yyyy)</p>		
<p>34. Are you an employee of a school, educational institution, or a training facility?</p> <p>If yes:</p> <p>a) Are you returning to work in the next school session?</p> <p>b) Has your employer given you reasonable assurance, either verbal, written or implied, of returning to work for the next school session?</p>	<p>34. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-b:</p> <p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

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<p>35. Is your usual work seasonal?</p> <p>If yes, answer questions a-c:</p> <p>a) When does the season usually begin?</p> <p>b) When does the season usually end?</p> <p>c) What other work related skills do you have?</p>	<p>35. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-c:</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>
<p>36. Are you a U. S. citizen or national?</p> <p>If no:</p> <p>a) Are you registered with the U.S. Citizenship and Immigration Services (USCIS, formerly INS) and authorized to work in the United States?</p> <p>If you are registered with USCIS, answer questions b-e:</p> <p>b) What is your Alien Registration Number?</p> <p>c) What is the expiration date of your work authorization?</p> <p>d) Were you legally entitled to work in the United States for the last 19 months?</p> <p>e) What is the title and number of your USCIS document?</p>	<p>36. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions b-e:</p> <p>b) _____</p> <p>c) ____/____/____(mm/dd/yyyy)</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) Check one of the following:</p> <p><input type="checkbox"/> Alien Registration Receipt Card (I-151)</p> <p><input type="checkbox"/> Resident Alien Card (I-551)</p> <p><input type="checkbox"/> Permanent Resident Card (I-551)</p> <p><input type="checkbox"/> Employment Authorization Card (I-766)</p> <p><input type="checkbox"/> Employment Authorization Card (I-688A)</p> <p><input type="checkbox"/> Temporary Resident Card (I-688)</p> <p><input type="checkbox"/> Employment Authorized (I-688B)</p> <p><input type="checkbox"/> Arrival/Departure Record (I-94)</p> <p><input type="checkbox"/> Stamp on Visa</p> <p>(Stamp states: "Processed for I-551 Temporary Evidence of Lawful Admission of Permanent Residence valid until MMDDYYYY, Employment Authorized.")</p>

THE FOLLOWING TWO QUESTIONS ARE OPTIONAL:

<p>37. What race or ethnic group do you identify with?</p>	<p>37. Check one of the following:</p> <table border="0"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Black not Hispanic</td> </tr> <tr> <td><input type="checkbox"/> Hispanic</td> <td><input type="checkbox"/> Asian</td> </tr> <tr> <td><input type="checkbox"/> American Indian/Alaskan Native</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Other Pacific Islander</td> <td><input type="checkbox"/> Guamanian</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Hawaiian</td> <td></td> </tr> <tr> <td><input type="checkbox"/> I choose not to answer</td> <td></td> </tr> </table>	<input type="checkbox"/> White	<input type="checkbox"/> Black not Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hawaiian		<input type="checkbox"/> I choose not to answer	
<input type="checkbox"/> White	<input type="checkbox"/> Black not Hispanic																				
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian																				
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Chinese																				
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<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian																				
<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese																				
<input type="checkbox"/> Hawaiian																					
<input type="checkbox"/> I choose not to answer																					

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38. Do you have a disability? (A disability is a physical or mental impairment that substantially limits one or more life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.)

38. ☐ Yes ☐ No ☐ I choose not to answer

YOU MAY SUBMIT THE COMPLETED APPLICATION:

By mail to the following address:

EDD
P.O. Box 5007
Buena Park, CA 90622-5007

Note: Extra Postage is Required

By FAX to the following telephone number:

1-866-215-9159

**If the Department needs to verify any of the information you provide
while filing a claim, you will receive additional forms by mail
and will be asked to provide additional information and/or documentation.**